

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-17-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11/20/03, therefore the following date(s) of service are not timely and are not eligible for this review: 5-12-03 through 5-14-03.

On a letter dated 10-19-04 the requester withdrew CPT code 99213 for date of service 5-19-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, neuromuscular stimulator, therapeutic procedures, myofascial release, joint mobilization, manual traction and neuromuscular reeducation from 5-19-03 through 6-23-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 5-19-03 through 6-23-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION – AMENDED DECISION

Date: September 14, 2004

RE:

MDR Tracking #: M5-04-3093-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- MRI of the lumbar spine dated 6/2/02
- Medical records of _____ dated 8/7/02
- Medical records of _____, dated 9/23/02
- FCE dated 9/23/02
- Medical records of _____ dated 5/8/03, 6/12/03 and 7/3/03
- Medical records of _____ dates inclusive; 5/12/03 through 7/28/03
- Medical records of _____ dated 6/23/03
- Medical records of _____ dated 7/8/03

Submitted by Respondent:

- Documentation from the law firm of _____ dated 6/2/04 and 7/23/04
- Medical Dispute Resolution Response of request date unknown
- Table of Disputed Services
- Medical records of _____ dated 5/13/03 and 9/5/03

Clinical History

The claimant is a 45 year old female employee of the _____. The claimant is a chef. On the alleged date of loss she “slipped in the dish area on some spilled water and fell backwards, striking her back and head”. According to the medical, the claimant received a period of formal physical therapy following the date of loss. Treatment apparently consisted of “hot packs, electrical muscle stimulation, ultrasound and myofascial release”. On 6/6/02, the claimant came under the care of _____, chiropractor. An MRI is obtained on 6/12/02. Findings are primarily of a degenerative nature, with the exception of a protrusion at L4-5. Electrodiagnostics in August of the year are returned normal. Chiropractic therapy ensued for a period of approximately nine months. On 3/3/03, the claimant was evaluated by an “unknown chiropractor” at the _____. On this date she is reportedly “feeling fine”. In May of 2003, the claimant comes under the care of _____. Another course of combined passive and active care is initiated. The disputed dates of service are performed.

Requested Service(s)

Office visits (99213) dates of service 5/20/03 through 6/23/03. Neuromuscular stimulator (E0745-RR) dates of service 5/29/03, therapeutic procedures (97110) dates of service 5/20/03 through 6/23/03, myofascial release (97250) dates of service DOS 5/20/03 and 5/29/03. Joint

mobilization (97265) dates of service 5/20/03. Manual Traction (97122), neuromuscular re-education (97112). Mixed issues: Do not review dates of service 5/12/03 – 5/14/03 and 5/19/03 (99213).

Decision

I must agree with the carrier in their decision that chiropractic services rendered from 5/20/03 through 6/23/03 were not medically reasonable or necessary.

Rationale/Basis for Decision

_____ assessment of this case of 5/13/03 and 9/5/03 is accurate in both his conclusion and rationale. On 5/20/03 the claimant was greater than 12 months status post trauma. She had already received at least two separate and extensive trials of conservative care. The trials of care combined passive modalities, manual medicine techniques and therapeutic exercises. In March of 2003, the claimant reported that she was “feeling fine”.

_____ assessment of recovery from disc lesions is also fair and reasonable. Given these factors, coupled with the claimant’s body habitus and mental state, I must concur with _____ conclusion that the claimant is, in all medical probability, suffering from “arthritic changes and normal life processes”. A self-directed home exercise program would have been just as effective. The services in dispute were not medically reasonable or necessary.